

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814

August 29, 1996

ALL COUNTY LETTER NO. 96 -46

TO: ALL COUNTY WELFARE DIRECTORS

**REASON FOR THIS TRANSMITTAL**

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☒ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: APPLICATION FOR CASH AID, FOOD STAMPS AND  
MEDI-CAL/STATE CMSP (SAWS 1)

This letter transmits a copy of a revised Application for Cash Aid, Food Stamps, and Medi-Cal/State-Run County Medical Services Program (State CMSP). The SAWS 1 and SAWS 1 Coversheet (10/96) form is revised to reflect program changes in effect after September 30, 1996. Therefore, the SAWS 1 (4/94) will become obsolete on October 1, 1996.

The form has been modified in accordance with a recent court decision in the Medi-Cal program. The SAWS 1 is also revised to incorporate in the certification section the Food Stamp applicant's acknowledgement of the county's expedited service oral informing requirement. This revision tracks and facilitates increased compliance with the oral informing requirement specified in Food Stamp Manual Section 63-301.521. Other SAWS 1 changes include updating program information, simplifying text, and reformatting sections to improve understanding. An attachment to this letter outlines the specific changes to the form and the coversheet.

**CAMERA-READY COPIES AND TRANSLATIONS**

The camera-ready Spanish language version (SAWS 1 SP) is expected to be available within 30 days and the Asian translations within 60 days. Counties that need camera-ready copies of the SAWS 1 and/or SAWS 1 (SP) may call the Forms Management Unit at (916) 657-1907 or CALNET 437-1907. For camera-ready copies of the Asian language (Chinese, Cambodian, and Vietnamese) versions, counties may either call the Language Services Bureau at (916) 464-1282 or FAX their requests to (916) 657-3429 or CALNET at 473-3429.

## STOCK

The SAWS 1 (10/96) may not be used prior to 10/1/96. A three-month supply of 10/96 stock is expected to be available in the California Department of Social Services (CDSS) Warehouse by the middle of September. Counties are asked to limit their initial orders of state or locally reproduced stock as the SAWS 1 may be revised again in the next few months to incorporate upcoming Aid to Families with Dependent Children (AFDC), Food Stamp, and Medi-Cal Program needs. Counties ordering state-produced stock should submit orders by September 9, 1996, so that the warehouse can release stock in time to meet the 10/1/96 implementation date. Stock of the SAWS 1 (SP) may be ordered from the CDSS Warehouse upon your receipt of the Notice of Change Form (GEN 127) that is issued when stock is available.

## SAWS 2 AND SAWS 2A

The SAWS 2, Statement of Facts for Cash Aid, Food Stamps, and Medi-Cal/State CMSP, and the SAWS 2A, Rights and Responsibilities and Other Important Information, are also being revised to replace outdated Medi-Cal text and incorporate new AFDC and Food Stamp requirements; e.g., motor voter and maximum family grant information. The forms will be released under separate cover when available.

## CONTACTS

If you have any questions or need further information, please contact the following staff regarding the specific program areas:

- o AFDC and the SAWS 1: Elizabeth Allred (916) 657-3350/ CALNET 437-3350;
- o Food Stamp Program: Melissa Buchanan at (916) 654-8467/CALNET 464-8467;
- o Asian/Spanish translations: Shirley LuKung at (916) 654-1277/CALNET 464-1277;
- o Medi-Cal: John Zapata, Department of Health Services, at (916) 657-0725/CALNET 437-0725.

Sincerely,



BRUCE WAGSTAFF  
Deputy Director  
Welfare Programs Division

Attachments

c: CWDA  
Frank Martucci, Department of Health Services

## OUTLINE OF CHANGES

CRESPIN V. COYE

On October 1, 1996, the State Appellate Court decision in Crespin v. Coyle will be implemented. Under separate cover, the Department of Health Services (DHS) will release an All County Welfare Directors Letter (ACWDL) that includes details of the implementation plan. As a result of the State Court of Appeal ruling in the Crespin case, the coversheet and SAWS 1 are revised as follows:

- o Medi-Cal applicants will no longer request full or restricted Medi-Cal benefits.
- o The term "Full Medi-Cal" is replaced by "Medi-Cal/State-Run County Medical Services Program (State CMSP)."
- o The titles on the coversheet and the form are revised.
- o In the "What We Mean When We Say" section on page two of the coversheet: the description of "Restricted Medi-Cal" is revised to delete sentences two and three. Also, descriptions of "State CMSP" and "Restricted CMSP" are added.
- o Item 8 on the SAWS 1, regarding the type of aid requested, is updated. Separate checkboxes for "Full" and "Restricted" Medi-Cal are replaced by a single checkbox for "Medi-Cal" and a checkbox is added for "State CMSP." The "Type of Application" section in the County Use Only (CUO) column is revised to reflect these changes.
- o The narrative for "Social Security Number (SSN) Rules" is updated and reformatted to include a separate section explaining the SSN requirements for the Medi-Cal program.
- o Outdated text that tells Medi-Cal Only applicants to read the informing notice, "Citizenship/Immigration Status Information for Applicants and Beneficiaries of Medi-Cal," is deleted from the top of the SAWS 1. However, there is no change in the requirement to provide a copy of the MC 219 to all applicants for Medi-Cal/State CMSP.
- o Item 2, SSN, is revised to delete the parenthetical narrative for applicants for Restricted Medi-Cal.

## THE SAWS 1 COVERSHEET

- o A "WORK PAYS" logo is added to the front page.
- o The lead-in narrative for the first four paragraphs is in capital letters. The first paragraph is reorganized for a better flow of information. New paragraph four, regarding Food Stamp rules for authorized representatives, is relocated from page two of the prior revision.
- o Narrative is added to the first paragraph regarding reasonable accommodation as required by the Americans with Disabilities Act (ADA).
- o Narratives are updated for each of the following: "AFDC [Aid to Families with Dependent Children]," " Homeless Assistance," "California Alternative Assistance Program (CAAP)," "Applicants for Food Stamps," "Food Stamp Expedited Service," "Medi-Cal - Medical Emergency/Pregnancy," and "Medi-Cal Presumptive Eligibility (PE) for Pregnant Women."
- o In the "What We Mean When We Say" section, narratives for CAAP and PE are updated and "State Supplementary Program (SSP)" is added to the description of "Income."
- o The "Other Things You Should Know" section is reformatted to begin in column 1.
- o The paragraph on the intentional program violations for cash aid and food stamps is reformatted. The narrative is updated to include the new two-year and four-year penalty periods for AFDC.
- o The "Overpayments/Overissuances" (OP/OI) section is reformatted to reflect program specific requirements relating to administrative and client caused OP/OIs.
- o "Social Security Number (SSN) Rules"
  - Paragraph three (from the prior revision) regarding Income Eligibility and Verification System (IEVS) informing is relocated as paragraph one.
  - Paragraph two provides SSN informing for cash aid and food stamps, including narrative for the AFDC requirements to provide "your SSN or proof of application for the SSN within 30 days of application" and to "give the SSN to the county when you get it."
- o The "Complaints or State Hearings" section is reformatted to separate informing for each item, specify the county and state contacts for complaints of discrimination, and update the narrative for the filing of state hearings.

### THE SAWS 1 APPLICATION

- o Item 17 adds a "\$" sign to parallel the format in item 16.
- o The Certification Section is revised to add the Food Stamp applicant's acknowledgement of the county's expedited service oral informing requirement. County procedures must ensure that the mandate in MS. 63-301.521, relating to the applicant's signed acknowledgment of having been orally informed, is satisfied.
- o The County Use Only section above the "Case Name" is revised to now read "Copy of SAWS 1 and coversheet given to the applicant."



## COVERSHEET TO THE APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/STATE-RUN COUNTY MEDICAL SERVICES PROGRAM (STATE CMSP)

TO APPLY FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/STATE CMSP, complete Items 1-13 on the attached application, and sign the Certification Section (Item 19). Give the form to the welfare office. If you have a disability and need help applying for or continuing to receive cash aid, benefits, and services, tell the county.

BEFORE YOU CAN GET CASH AID, SUCH AS HOMELESS ASSISTANCE OR IMMEDIATE NEED; FOOD STAMPS, INCLUDING EXPEDITED SERVICE, OR MEDI-CAL/STATE CMSP you must give us all the facts we ask for on your written Statement of Facts and/or answer questions during your eligibility interview. We use the facts you give us to figure eligibility and benefits.

TO GET AFDC IMMEDIATE NEED AND/OR AFDC HOMELESS ASSISTANCE, you must appear to be eligible for AFDC. Complete the attached form and give us the facts we ask for. You may need to meet some rules, such as giving us your Social Security Number(s), trying to get income available to you, and agreeing to cooperate with the district attorney about child, spousal, and medical support.

FOR FOOD STAMPS, the application can be filled in and signed under penalty of perjury by either an adult household member or by an authorized representative. If you are not an adult member of the household, you must have a written note signed by the head of household or another household member saying that you can apply for the household, pick up their food stamps, and/or use the food stamps to buy food for the household.

### AFDC IMMEDIATE NEED

If you have an emergency, you may be able to get up to \$200 while we work on your application. You will need to tell us about your emergency situation and you will need to show that you don't have the income or money to pay for these emergencies:

- Lack of housing or lack of food
- Eviction notice
- No utilities or utility shut-off notice
- Lack of essential clothing
- Essential transportation needs not met
- Other kinds of emergencies important to health and safety.

If your Immediate Need request is turned down, you can ask for it again during the time we work on your application. Let the county know if something changes.

### AFDC HOMELESS ASSISTANCE

If you are homeless, and want to apply for homeless assistance, tell the county. Homeless Assistance is available once in a lifetime, with exceptions.

### CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)

CAAP can help pay your child care costs if you are working and approved for cash aid, but choose not to get cash aid. You will get Medi-Cal and may be able to get food stamps. You can only choose to be in CAAP at the time of application for AFDC or at the annual review of your eligibility for AFDC.

**APPLICANTS FOR FOOD STAMPS:** All you have to do the day you apply is give us your name and address, tell us you want food stamps (Item 8) and sign the application (Item 19). Before we can tell if you are eligible, you must give us all the facts we ask for on your written Statement of Facts and/or answer questions during your eligibility interview. You should be told if you are eligible within 30 days after you apply.

### Food Stamps — Date of Eligibility

If you are eligible for food stamps, we will figure your benefits from the date you apply. You can apply for food stamps the first day you contact the welfare office.

### FOOD STAMP EXPEDITED SERVICE

You may have the right to get food stamps within three days. Your household must be eligible for the Food Stamp Program AND HAVE

- no place to live or have temporary housing,  
OR
- rent or mortgage and utility costs that are more than your liquid resources and this month's income before deductions (**see the other side of the page for definitions of income and liquid resources**),  
OR
- no more than \$100 liquid resources and less than \$150 income for the month before deductions,  
OR
- no more than \$100 liquid resources and at least one member who is a migrant or seasonal farmworker.

Before you can get food stamps within three days, **complete Items 1 - 17 on the attached application**; give us all the facts we ask for during your eligibility interview; and give us proof of your identity.

### MEDI-CAL/STATE CMSP - MEDICAL EMERGENCY/ PREGNANCY

If you have a medical emergency or are pregnant AND want Medi-Cal as soon as possible, complete Items 1-14. You must also give all the facts we ask for during your eligibility interview and meet all eligibility requirements.

### MEDI-CAL PRESUMPTIVE ELIGIBILITY (PE) FOR PREGNANT WOMEN

If you are pregnant, you may get temporary Medi-Cal from certain medical providers for many prenatal care services before applying for regular Medi-Cal. Ask your doctor or clinic if they offer PE. If you apply for AFDC or Medi-Cal by the end of the month after the month you get a PE card, your temporary Medi-Cal will continue until aid is approved or denied. If you are getting PE, check "YES" in both parts of Item 12 and tell the county.

TURN PAGE OVER FOR MORE INFORMATION

## WHAT WE MEAN WHEN WE SAY:

- **California Alternative Assistance Program (CAAP):** child care payments and Medi-Cal, for working individuals who are eligible for AFDC, but who choose not to get cash aid.
- **Cash Aid:** AFDC (Aid to Families with Dependent Children) and Refugee Cash Assistance.
- **Food Stamps:** benefits for low income households to help buy food.
- **Food Stamp Expedited Service:** food stamps within 3 days.
- **Medi-Cal:** medically necessary benefits for eligible persons.
- **Medi-Cal Presumptive Eligibility (PE):** temporary Medi-Cal coverage from certain doctors or clinics for many out-patient prenatal care services.
- **Restricted Medi-Cal:** emergency and pregnancy related care only.
- **Authorized Representative:** a person picked by an applicant or recipient for food stamps and/or Medi-Cal, who can take care of some of their business.
- **Head of Household:** a responsible member of the food stamp household.
- **Income:** money received or expected, such as:
  - earnings, welfare, child support, Supplemental Security Income/State Supplementary Program (SSI/SSP) or Social Security, pension or retirement payments;
  - Unemployment Insurance Benefits (UIB), State Disability Insurance (SDI), Veterans Benefits (VA), or other disability payments;
  - strike funds; payments from roomers and boarders; school grants and loans;
  - cash gifts, cash winnings, any other cash payments.
- **Liquid Resources:** other money, such as:
  - cash on hand, uncashed checks; money in checking accounts, savings accounts; or saving certificates;
  - trust deeds, notes receivable, stocks or bonds, etc.
- **State CMSP:** Medically necessary benefits for eligible adults not on Medi-Cal who live in contracting rural counties.
- **Restricted State CMSP:** Emergency care only.
- **Utilities:** gas, electricity, heating fuel, telephone (basic rate), utility installation, garbage and trash pickup, water, sewage, etc.
- **You, Anyone, Everyone:** any and all persons who live in your home.

## OTHER THINGS YOU SHOULD KNOW:

- You can apply for cash aid and food stamps at the same time and have one interview for both.
- You have the right to fill out this form yourself or, if you ask, have someone help you.
- **PERJURY** means that you lie on purpose about the facts you give us. Perjury is a crime. The law says you must sign a penalty of perjury statement on most forms to get and to keep getting cash aid, food stamps, and Medi-Cal/State CMSP.

- You may be fined up to \$10,000 for cash aid and \$250,000 for food stamps and/or sent to jail/prison for 5 years for cash aid and 20 years for food stamps, if on purpose you give wrong facts or fail to report all facts or situations that affect eligibility and aid payments. Cash aid and food stamps can be stopped for six months, twelve months, two years, four years, or forever.
- **OVERPAYMENTS/OVERISSUANCES** – means you got more aid or benefits than you should have gotten.
  - **If it's your fault:** you will have to pay it back and your cash aid or food stamps will be lowered or stopped. Your Medi-Cal/CMSP share of cost may be changed.
  - **If it's the County's fault:** For AFDC, you will have to pay it back and your cash aid will be lowered or stopped. For food stamps, your benefits will not be lowered or stopped, unless you agree to have this done.
- **SOCIAL SECURITY NUMBER (SSN) RULES** - We computer match SSNs against records from tax, welfare, employment, the Social Security Administration and other agencies to be sure you are reporting all your income and resources. We may check out differences with employers, banks, and/or others. We also match SSNs to be sure that you aren't getting aid in more than one case, or in another county or state.

**Cash aid and food stamps:** You must give us the SSN for each applicant/recipient for cash aid and/or food stamps. If you refuse to give us either the SSN or proof of application for the SSN, you won't be able to get cash aid or food stamps. For cash aid, you must give us your SSN(s) or proof of application for the SSN within 30 days of application and give the SSN to the county when you get it.

**Medi-Cal:** Each applicant for Medi-Cal who has a SSN is asked to give it to the county. Any U.S. citizen, U.S. national, amnesty alien with a valid and current I-688, alien with lawful permanent residence in the U.S. (LPR), or alien permanently residing in the U.S. under color of law (PRUCOL) who refuses to give a SSN or proof of application for a SSN, will not be able to get Medi-Cal/State CMSP. Any alien who does not have an SSN and who is not an amnesty alien with a valid and current I-688 or an LPR or PRUCOL, can still get restricted Medi-Cal/State CMSP if he/she meets all eligibility rules, including California residency.

## COMPLAINTS

If you think you have been discriminated against, contact your county's civil rights representative or write to:  
State Civil Rights Bureau  
P.O. Box 944243  
Sacramento, CA 94244-2430  
or by calling collect (916) 654-2107  
or for the hearing impaired TDD  
1-(800) 654-2098

For other kinds of complaints, contact your county first. If you and the county can't agree, write or call to:  
Public Inquiry and Response (PIAR)  
744 P Street, M.S. 16-23  
Sacramento, CA 95814  
Phone 1 - (800) 952 - 5253  
or for the hearing impaired  
TDD 1 - (800) 952-8349

## STATE HEARINGS

If you do not agree with any action taken by the county, you can ask for a State Hearing by writing to your local county welfare office or by calling one of the phone numbers listed for PIAR above if you are asking for a state hearing for cash aid, food stamps, Medi-Cal, or if you think you are not getting the right State CMSP services. To appeal all State CMSP eligibility issues, you can **only write** to your county. You must ask for the hearing within 90 days of the county's action and you must tell why you want a hearing.

**APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL /STATE CMSP (SAWS 1)**

Before completing this application, read the coversheet. If you need more space to answer, write on the back of this sheet.

<b>1. NAME OF APPLICANT (FIRST, MIDDLE INITIAL, LAST)</b> 		<b>2. SOCIAL SECURITY NUMBER (SSN)</b> 	<b>COUNTY USE ONLY</b> <b>COUNTY OF APPLICATION</b> 												
<b>3. MAIDEN OR OTHER NAME (IF ANY)</b> 			<b>CO OF RESIDENCE (IF DIFF)</b> 												
<b>4. HOME ADDRESS: NUMBER STREET</b> 		<b>5. MAILING ADDRESS (IF DIFFERENT)</b> 													
<b>CITY ZIP CODE</b> 		<b>CITY ZIP CODE</b> 													
<b>6. TELEPHONE NUMBER(S): HOME WORK MESSAGE</b> 		<b>DATE RECEIVED</b> 													
<b>7. Is your home address permanent?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO HOME If not permanent, please explain:		<b>TYPE OF APPLICATION:</b> CA: <input type="checkbox"/> AFDC <input type="checkbox"/> RCA FS: <input type="checkbox"/> Initial <input type="checkbox"/> Recent <input type="checkbox"/> Rest MC: <input type="checkbox"/> CMSP: <input type="checkbox"/>													
<b>8. Is anyone applying for:</b> Cash Aid <input type="checkbox"/> YES <input type="checkbox"/> NO Medi-Cal <input type="checkbox"/> YES <input type="checkbox"/> NO Food Stamps <input type="checkbox"/> YES <input type="checkbox"/> NO State CMSP <input type="checkbox"/> YES <input type="checkbox"/> NO Any Other Program(s) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain:		<b>Homeless:</b> FS: <input type="checkbox"/> YES <input type="checkbox"/> NO AFDC: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CA 42 <input type="checkbox"/> Pickle Screening													
<b>9. Has anyone ever asked for or gotten aid or benefits, including Medi-Cal/Medicaid?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list: Name(s) used, where (county, state, country), when, type(s) of aid or benefit:		<b>Ethnic Group:</b> 													
<b>10. The law says we must record your ethnic group and language. This won't affect your eligibility.</b> <b>a. Ethnic Group</b> <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Asian or Pacific Islander (Specify): <b>b. Language</b> <input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Lao <input type="checkbox"/> Tagalog <input type="checkbox"/> American Sign <input type="checkbox"/> Spanish <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Russian <input type="checkbox"/> Other (Specify):		<b>Primary Language:</b> 													
<b>11. Is anyone a migrant or seasonal farmworker?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Presumptive Eligibility input													
<b>12. Is anyone pregnant?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, did she get a Presumptive Eligibility card? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Referral Date:													
<b>13. Does anyone have a personal emergency? If YES, check (✓) type:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Immediate Medical Need <input type="checkbox"/> Pregnancy <input type="checkbox"/> Child Abuse <input type="checkbox"/> Spousal Abuse <input type="checkbox"/> Elder Abuse <input type="checkbox"/> Other emergency which threatens health or safety: Explain:		<b>AFDC IN</b> <input type="checkbox"/> Denied/NOA prep <input type="checkbox"/> Approved <input type="checkbox"/> Expedited Grant <input type="checkbox"/> Applicant requested CWD to complete (Initials)													
<b>IF YOU NEED: AN AFDC IMMEDIATE NEED PAYMENT .....FILL IN ITEMS 14 - 18.</b> <b>FOOD STAMP EXPEDITED SERVICE .....FILL IN ITEMS 14 - 17.</b> <b>MEDI-CAL OR ARE PREGNANT AND HAVE AN IMMEDIATE MEDICAL NEED .....FILL IN ITEM 14.</b>															
<b>14. How much liquid resources does everyone, including children, have?</b> <input type="checkbox"/> Cash, uncashed checks or money orders \$ <input type="checkbox"/> Checking/savings or credit union account(s) \$ <input type="checkbox"/> Trust deeds, notes receivable, stocks or bonds \$ <input type="checkbox"/> Other (explain) \$		<b>17. How much are your utilities that are not included in your rent this month? \$</b>													
<b>15. How much income did everyone, including children, get or will they get this month?</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Date</td> <td style="width:25%;">Amount</td> <td style="width:25%;">Date</td> <td style="width:25%;">Amount</td> </tr> <tr> <td></td> <td>\$</td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> <td></td> <td>\$</td> </tr> </table>		Date	Amount	Date	Amount		\$		\$		\$		\$	<b>18. • Do you have an eviction notice or notice to pay or quit?.....</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>• Have your utilities been shut off or do you have a shut-off notice?.....</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>• Will your food run out in 3 days or less?.....</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>• Do you need essential clothing, such as diapers or clothing needed for cold weather?.....</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>• Do you need help with transportation to get food, clothing, medical care or other emergency item(s)?.....</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date	Amount	Date	Amount												
	\$		\$												
	\$		\$												
<b>16. How much is your rent or mortgage this month?</b> \$		<b>FS E.S.</b> <input type="checkbox"/> E.S. questions not completed <input type="checkbox"/> Screened for E.S. Date (Initials)													
• I certify that I have been given a copy of the coversheet. I understand and agree that I have to comply with eligibility rules, some of which I may be asked to do before any aid can be given. I understand the statements I have made on this form may be checked and verified. • I certify that if I have applied for Food Stamps the county has told me of my right to Expedited Service. • I declare under penalty of perjury under the laws of the United States of America and the State of California that information I have given on this form is true, correct, and complete.		<b>FS Referral for:</b> <input type="checkbox"/> E.S. Processing <input type="checkbox"/> Regular Processing <input type="checkbox"/> CWD records cleared <input type="checkbox"/> MEDS CDB cleared <input type="checkbox"/> IEVS initiated <input type="checkbox"/> Copy of SAWS 1 and coversheet given to applicant													
<b>19. SIGNATURE (OR MARK) OF APPLICANT OR AUTHORIZED REPRESENTATIVE</b> 		<b>DATE SIGNED</b> 	<b>CASE NAME</b> 												
<b>SIGNATURE OF WITNESS TO MARK OR INTERPRETER</b> 		<b>DATE SIGNED</b> 	<b>CASE NUMBER</b> 												